

by culture five days after initiation of treatment. Non-viable organisms were not detected by ELISA ten days following initiation of therapy or three days following cessation of therapy. Thus, there appeared to be a five-day lag period of chlamydial antigen detection demonstrated by ELISA after culture (McCoy) confirmed cure (fig).

Both culture and EIA are reliable and may be used for tests of cure (TOC) if appropriate timing intervals are observed to avoid false positive TOC results. Since EIA was used by 50% of the United Kingdom clinics for TOC, the results of our investigation may be helpful. A reliable TOC can be obtained utilising EIA three days following completion of treatment (10 days post treatment initiation) instead of one week following treatment as reported by Radcliffe *et al.* Furthermore, other TOC indications may include pregnancy, complicated or severe infections, requests for psychological reassurance or for evidence of persistent cervicitis. However, as eloquently stated by Dr Radcliffe, a routine TOC for chlamydial endocervical infections is presently unessential.

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- 1 Radcliffe KW, Rowen D, Mercey DE, *et al.* Is a test of cure necessary following treatment for cervical infection with *Chlamydia trachomatis*? *Genitourin Med* 1990;66:444-6.
- 2 Radcliffe KW, Rowen D, Mercey DE, *et al.* Survey of the management of *Chlamydia trachomatis* infection of the cervix. *Genitourin Med* 1991; 67:41-43.
- 3 Ferris DG, Lawler FH, Horner, *et al.* Test of cure for genital *Chlamydia trachomatis* infection in women. *J Fam Pract* 1990;31:36-41.

Syphilis and the elderly

Dr B Chattopadhyay¹ reports a case of a 91-year-old man found to have positive serological tests for syphilis prior to emigration. He states the difficulties encountered in accurate diagnosis.

Two geriatricians, a psychiatrist and myself² in 1987 reviewed 659 consecutive medical and psychiatric admissions in the elderly to St James's Hospital, Leeds, where standard

serological tests for syphilis were performed.

The ages ranged between 65 and 103 years (mean 81); 210 were men; 449 were women. Positive serological tests for syphilis were found in 23 (3.5%) of the patients, whose ages ranged from 69 to 93 (mean 82.5). Seventeen were women and six were men. Even after extensive investigation 11 (1.7%) could only be diagnosed as latent syphilis.

We were helped in diagnosis in that all the patients were white and a confidential venereal diseases treatment register exists in Leeds going back to 1919 in which we were able to check previous diagnoses.

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- 1 Chattopadhyay B. Syphilis and the elderly. *Genitourin Med* 1991;67: 270-1.
- 2 Corrado OJ, Bowie PCW, Bagnall WE, Waugh MA. The prevalence of positive serological tests for syphilis among elderly hospital patients. *Age Ageing* 1989;18:407-10.

BOOK REVIEWS

Genital Papillomavirus Infections. Modern Diagnosis and Treatment. Edited by G Gross, S Jablonska, H Pfister, HE Stegner. (Pp 452; Price DM 148) Berlin. Springer-Verlag. ISBN 3-540-52615-3.

This monograph contains the documentation of *The International Symposium on Genital Papillomavirus Infection* held in Hamburg in 1989. It covers epidemiology, molecular biology, diagnosis, clinical aspects, immunological aspects, and therapy. The sixty-two contributors from ten countries are drawn from a wide range

of specialties which deal with papillomavirus infection and the sequelae of such infection.

The sections on molecular biology and diagnosis are especially well presented. The authors ease the uninitiated painlessly into the world of papillomavirus biology. Terminology is explained such that non-specialist readers could readily follow the text without recourse to a dictionary of molecular biology.

The 11 chapters on clinical aspects economically cover a wide subject matter, and are generally well written. Illustrations, particularly the photomicrographs of cervical cytology were of a high quality. My only criticisms of this section concerned the DNA histograms which required further explanation for them to make their full impact, and that the chapter on vulval dystrophies seemed to be misplaced in this book, as papillomavirus is not mentioned at all.

The chapter entitled *Immunology of Genital Papillomavirus Infections* eloquently reviews humoral immunity, cell-mediated immunity, cell-mediated cytotoxicity and local immune mechanisms. In a concise summary the relative importance of these individual components of the immune response to H.P.V., and the implications on future development of therapies is discussed.

I was a little disappointed not to find any information concerning loop excision diathermy in the section concerning therapy, although at the time of this conference this modality of treatment was just emerging. My disappointment was off-set by chapters on the basic science of cryotherapy and laser therapy.

Overall this book is well written and presented. It is not for the molecular biologist, but for the clinician with a interest in papillomavirus infection. The price may limit its sales but any clinician working in the field of such infections would, in my opinion, be advised to ensure that they have access to a copy in their clinics or libraries.

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Economic Aspects of AIDS and HIV Infection. Edited by D Schwefel, R Leidl, J Rovira, M F Drummond (Pp 364, DM 148). Berlin: Springer-Verlag, 1990.

AIDS and HIV infection have major resource implications. The emphasis of most published research investigating this to date has been on cost studies, particularly analysis of cost per case. There is an absence of studies investigating the cost utility or cost effectiveness of different strategies for providing care or of alternative modes of care. As this volume of papers discusses, economic evaluation must include a comparison of alternatives and an assessment of the effectiveness of treatments or programmes. It is clear from a worldwide literature review and a European project survey included in the book that there is a dearth of such studies. It is a pity that the studies in the book confirm this view with insufficient scientific evidence to support different models for caring for AIDS patients.

The basis of this book are the papers given at a conference on behalf of the Concerted Action Committee (COMEC) on Health Services Research in 1989. The papers explore the European activities concerned with the economic aspects of AIDS. A substantial portion deals with cost studies from various European countries. Despite the large number of contributions there seemed to be very little variety in the nature of the studies and in the methodologies used. There were inadequate attempts to relate costs to benefits as a basis for any economic evaluation. It is not that cost studies are unimportant but that cost studies are estimates of the costs of what has been done with no questioning of whether what has been done is needed. Additionally the emphasis tends to be on hospital costs, with little on the costs of the voluntary sector.

The discussions of the social aspects of the disease indicate that even in a global problem such as AIDS our approach must be country specific. It is argued that economic evaluations need to address broader questions such as cost-effective methods of regulating labour markets so that the income of infected people is not reduced by discrimination. I would have liked to have seen more discussion on such vital issues, on the practical aspects of performing such analysis and suggestions for methodologies for good economic evaluations.

An interesting chapter by an actuary from the UK describes a model developed for permanent health insurance. He suggests that this may

show a possible approach which can be used to estimate the requirements for medical care for those infected with HIV or suffering from AIDS. It was presented inevitably only from the point of view of the insurance companies. Unfortunately nothing is discussed about the insurance needs of AIDS patients and how they are being met by the insurance industry.

There are useful chapters on the use of sentinel systems in the evaluation of the impact of the disease and on the use of scenarios for planning.

Overall this is a valuable collection of papers for anyone interested in AIDS research and indeed for anyone studying health economics. However, the narrowness of the issues discussed was rather disappointing.

L DE CAESTEKER

Sexually Transmitted Diseases—Colour Aids. By A McMillan and G R Scott. Edinburgh: Churchill Livingstone. (Pp 106 £7.95). ISBN 0-443-04052-4.

Pictorial text-books (if that is not a contradiction in terms) pose some special problems for their authors. The main one is balancing pictures and text, resisting the temptation to write a lot on a photogenic subject, or including irrelevant photographs on an abstract one. Other pitfalls arise from picture selection. Anyone who lectures is familiar with the biasing effect of clinical slides: the tendency to photograph extreme, rather than representative, lesions, and to slant lectures towards subjects for which good clinical slides are available.

Doctors McMillan and Scott have in the main kept the balance; for example, hepatitis B, a difficult subject to represent pictorially, is illustrated by a diagram of antigen and antibody levels in an acute attack. They have been less successful, however, in avoiding "lecture slide bias". Most of the photographs are of gross disease, many of them are familiar and some, such as that of syphilitic snuffles, poor quality—they do apologise for that one, but surely it should be possible to get new ones from somewhere? The pictures of non-STD lesions are better and there are some nice ones of oral lesions in HIV disease, although the inclusion of oral candida in association

with a seroconversion illness seems an odd choice.

The text is concise and up-to-date and I liked the use of the term "prepatent period" to avoid the ambiguities of defining incubation. I was worried by unexplained references to "pus cells" since I assume the book is aimed at medical students who should, presumably, be using a more scientific name. I also noticed some ideosyncrasies (presumably reflecting particular clinic practices in Edinburgh) and a degree of parochialism.

Despite these criticisms, a jaded medical student may find this little book sufficient for his needs: there is just enough information which, coupled with the pictures, makes for relatively painless learning; and this may mean that it will be read.

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Adult and Pediatric Urology. Edited by J Y Gillenwater, J T Grayhack, S S Howards, J W Duckett. 2nd edition. St Louis, Mosby Year Book. (Pp 2366, £150.) 1991. ISBN 0-8151-3549-9.

This is a two volume, 2366 page text-book now in its second edition after only 4 years, which is a reflection of its popularity and the speed of progress in this branch of medicine. Throughout, the references are right up-to-date and the publishers should be congratulated on putting this enormous text on our shelves so quickly.

There is much to interest the genitourinary physician. For instance, a 62 page chapter with over 500 references is ready to update the reader in all aspects of urinary tract infection. Bacterial adherence, natural defence mechanisms and natural history are all covered in great detail, as are the perennial problems of the frequency-dysuria syndrome and prostatitis. The more specific theme of prostatitis is taken up again in a later chapter and much order is achieved in redefining Stamey's reference to the real or imagined spectrum of diseases encompassed by the term prostatitis as a "wastebasket of clinical ignorance". It is an excellent chapter, well founded on scientific and clinical grounds.

A chapter on male infertility is "state of the art" and enhanced by clinical algorithms for investigation